Smoking Cessation Program

Introduction

This was a program that was aimed at determining the factors that have sway on the decision whether to quit smoking. This was considered as smoking is one of the unhealthy behaviors that individuals undertake. Such unhealthy behaviors have resulted to negative consequences on people such as chronic diseased and reduced life expectancy. The program was, therefore, conducted in order to try and come up with measures that would be used to initiate behavior change. The program targeted individuals who were involved in smoking and had the intention of quitting the practice. The challenge was in communicating the advantage of quitting the practice and encouraging individuals to start the change.

Method of behavior change

The initial challenge for the targeted population would be for the smokers to start the behavioral change process. This would pertain to them quitting smoking and was, therefore, the biggest test. In order for the plan to be able to convince the smokers to start the process it used the strategy of self efficacy. The targeted population would be sensitized of the self worth and value that they would attain if the got involved in the behavioral change.

Self efficacy was particularly considered to be essential to those individuals who had made an attempt to quit. This was conducted to those individuals who were in their initial four weeks after quitting. Most individuals who are in their initial stages of quitting faced the risk of having a relapse. There were possibilities that they would fall back to the practice after the first few days. Self efficacy was, therefore, essential as it reduced the chances of such individuals having a relapse. Shiffman (2000).
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Maintenance of the behavior change

The core of the program was ensuring that those individuals who had started the behavior change maintained the change. Studies have shown that some of the individuals who engage in cessation practice often do not maintain the change. The program, therefore, made provisions for measures that would be used in order to ensure maintenance of the behavior change. It adopted the strategy of the communicating the satisfaction the quitters would have in maintenance of the behavior change.

In order to determine whether the strategy of satisfaction would be effective, tests were conducted to individuals who had quit smoking for a long period. It was established that most of the people considered satisfaction as the major reason as to why they maintained the behavior change. It was consequently determined that satisfaction would enable individuals to maintain the practice of cessation.

Effectiveness of intervention in maintaining behavior change

The intervention can be termed as effective in its quest to maintain behavior change. This is with regard to the strategies of self efficacy as well as satisfaction that were used. Behavior change is a process and, therefore, has to start at a particular point. The decision to start the process is largely influenced by the self efficacy of the participants in the process.

Maintenance of the behavior change is then largely attributed to satisfaction that is derived by the participants of the process. The intervention can, therefore, be termed as effective as most individuals who engaged in the process did not have a relapse. This was attributed to the quest for self efficacy as well as the satisfaction derived. The intervention can also be considered to be effective as it did not only relate to smoking. The program could be adjusted to suit individuals who are engaged in other unhealthy lifestyles. Such include those who engage in unhealthy eating habits that lead them to being overweight. U.S. Department of Health and Human Services. (2001).

Weaknesses in the plan
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The plan can be perceived to have certain limitations. One of the weaknesses is that the program is the use of a single measure in determining the levels of maintenance. The program did not consider other measures or approaches that would have determined maintenance in the behavior change. This, therefore, meant that there were some levels of unreliability. Velicer, W. (1992). The program had another weakness as is it sought to address only a section of smokers who were willing to fill in the questionnaires. This meant that it a percentage of the individuals who were not willing to participate were not represented. Generalizing the results of the study would, therefore, not be possible. Biochemical validation was not used in the program and the smoking status was rather measured by the self reports. This made it likely for there to be biasness by the individuals who provided the reports.

Suggestions for improvement

The program would benefit from use of multiple measures in determining the levels of maintenance in the behavior change. This would improve the reliability of the findings. It would also be essential to design interventions that would raise the self efficacy of individuals. This would be beneficial as it would increase importance people would have in initiating in the behavior process. The program would also have more effect if it sought to communicate to individuals the benefits they would have in participating. The pros of smoking cessation should be communicated to the target audience.

Reference:

